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Achieving Excellence

THE KEYS TO IMPROVING PATIENT EXPERIENCE AND SERVICE RECOVERY

Whitepaper

A focus on patient experience

Healthcare providers support patients and their families at the most vulnerable times in their lives, so ensuring they have positive outcomes is crucial. This has driven hospitals to focus more on elevating patient experience than ever before. In fact, the Beryl Institute reports that addressing quality, safety, and service is by far the leading priority for healthcare providers over the next three years, and two-thirds of organizations have a formal mandate concerning improving the patient experience.[1] But with staffing shortages and burnout at all-time highs, hospital leaders need practical ways to improve HCAHPS scores and provide better patient outcomes without adding to staff workload.

Fortunately, there are many simple steps healthcare leaders can take today to boost team efficiency, improve data collection and analysis, and elevate the patient experience. In this paper, we will focus on people, process, and technology as the key areas to consider in driving such efforts.

Experience, safety & equity

It is important to first state that *patient experience and patient safety are inextricably linked*. Many service providers in this space focus on offerings that attempt to improve one or the other—but the truth is, a patient will not have had a good experience if they encountered a patient safety issue. For example, if the patient contracts a hospital-acquired infection due to poor hand hygiene, by definition, their experience will have suffered. Thus, healthcare leaders must consider experience and safety together when implementing improvements. Luckily, 86% of healthcare providers[2] indicate that patient experience encompasses safety to "a great extent."

At the same time, providers increasingly indicate a focus on health equity and addressing disparities in care as a top experience-related priority. It stands to reason that equity should be taken into consideration when implementing changes to patient experience and service recovery processes.

Rounding best practices

Rounding is the central activity in tracking and improving patient experience and patient safety. As such, there are a number of practical ways to evolve rounding practices that will also relieve overtaxed nursing staff, reduce errors, and provide leaders with more meaningful data sets from which to prioritize actions.

Team communication & data collection

With staffing shortages and increased reliance on traveling nurses and temporary staff, team communication is a challenge at many hospitals. This issue is only exacerbated when rounding procedures are not well defined.

To improve communication, look to a patient-centered model focused on bedside care. The first step is to review rounding procedures holistically, considering ways to improve practices and to gather and act on the best data. This idea of "intentional rounding" has been studied for decades, with reports indicating positive outcomes for patients while noting that some nurses feel the weight of unnecessary tasks.[3] For such efforts to truly work, particularly in times of staff shortages and burnout, simplicity and automation should be top considerations.

- **Standardize**
  Implement a single set of standard practices across all hospitals and divisions with the same templates and toolkits. This will allow much-improved efficiency, but more importantly, consistency in communication, data collection, and analysis.

  Example
  One department asks, "Is the patient room clean?" while another asks, "Is the patient room dirty?" This creates inconsistency that makes cross-department analysis needlessly difficult. Instead, create a single standard form of the question to determine room cleanliness.

- **Balance**

  Sometimes health systems use different software tools and toolkits across hospitals, and they don't have the desire or capacity to align on one platform. Even with different tools, they can still come to a balance by standardizing the questions without forcing a "one-size-fits-all" approach. Instead, it's about making simple changes in the spirit of collecting good data and speaking the same language, while leaving room for customization where appropriate.

  Example

  Though a hospital system may have implemented standardized questions for all key HCAHPS criteria, they can allow individual hospitals to use different software and tools to gather the data.

- **Focus**

  Look at your current data to determine where you do well and where there is opportunity for improvement at the department and hospital levels. Consider having fewer observations on the areas that are working well and more focus on the areas needing improvement.

  Example

  You don't need seven questions on cleanliness if you consistently deliver in that area across departments. But if you see ongoing struggles with food service, make sure you ask the right questions to get at the root of that problem.

- ## Tools & team

  Along with the questions asked, it is important to evaluate the tools used to collect data. Are they appropriate for what needs to be accomplished and aligned with organizational goals? Is frequency of use appropriate? Further, the observations to be made should guide who specifically performs the round. It is inefficient and counterproductive to ask certain team members to make observations they may not be qualified for.

  ### Example

  It may seem obvious, but if a certain observation requires a director's approval, that director needs to do the round without delegating to someone else.

- ## Automation

  Collecting and analyzing data are essential to effective rounding. But without proper follow-up, it is more of an academic exercise than an effective management practice. Look for ways to automate follow-up, escalation of delayed action items, and recognition for successes observed in rounding. Software automation can dramatically reduce the workload for nurses and leaders in routing, following-up, and recording outcomes on issues they find during their rounds—freeing them from administrative tasks for more time at the bedside.

  ### Example

  A hospital might find that staff spend too much time entering rounding data into the system from handwritten notes, then following up when they remember to on issues that arose. Instead, they could implement tablet-based data collection that automatically routes and escalates issues appropriately.

Branching logic

In rounding, the key is to get at the why behind issues that arise. Question sets driven by if/then logic guide caregivers to clarifying questions that go beyond "good" or "bad" - leading into details on who is involved, why the situation exists, and how to improve the problem.

> ### Example
> In studying nurse communication, branching logic might look like this: Did the nurse communicate well? Yes: Move on. No: Who was the nurse? What went wrong? What has been done to fix the problem? What else needs to be done?

Rounding options

There are many ways to increase touchpoints to improve communication. While it may seem overwhelming to implement all of these options at once, it might make sense to apply them where they will have the most impact on closing communication gaps and improving patient experience.

- Welcome rounds when patients are admitted or transfer from other departments

- Goodbye rounds when patients plan to be discharged

- Hourly rounding to communicate and drive better outcomes

- Quarterly staff competency and observation audits to shadow nurses and make immediate corrections, reinforce positive behavior, and improve processes

- Bedside shift handoffs in front of patients so they can hear caregivers, thus improving patient-staff communication and understanding

- Weekly leader rounding to ensure managers stay connected to what is happening on the floor

Where to begin

Improving communication and rounding practices system-wide can seem like a massive undertaking. Instead of going all in from the start, consider a multi-month pilot program. Start with your lowest-performing units to implement process changes. Then measure results and make adjustments before expanding to other departments.

In just a 3-month pilot program with Sentact, one hospital saw the following HCAHPS category improvements:

- Communication with Nurses **+4.6%**

- Listening Carefully **+13.5%**

- Explaining Things **+7.2%**

Reducing hospital-acquired conditions

While improved communication can have a major impact on improving experience, no patient will truly have a positive experience if they also have to be treated for a hospital-acquired condition. By reducing occurrences, particularly in the most common conditions including infections, falls, and pressure ulcers, you naturally improve the patient experience. Here are the fundamental ways to reduce hospital-acquired conditions:

- **Consolidate rounding**
  You may have rounds for many different things like CAUTI, CLABSI prevention, fall prevention, pressure ulcer prevention, and others, on top of hourly rounds. Look to consolidate rounding efforts for fewer, higher-value rounds that allow caregivers a more holistic view of the patient experience.

- **Interact with patients proactively**
  Communicate with patients every daytime hour. You can lean on scripting to simplify the process and ensure your brand is consistently represented in conversations—think AIDET, for example (Acknowledge, Introduce, Duration, Explanation, Thank You). You may also want to include mention of your hospital's beliefs and values. But be careful if it starts to sound rote—patients can sense the difference between a genuine conversation and one that feels more corporate or robotic. You will want to hit on certain topics consistently, but leave some autonomy so nurses and leaders can add their own personality and change it up depending on the situation.

- **Improve staff competency**
  Perform staff competency checks to make sure teams are performing well, and offer practical feedback they can use right away to improve. Consider an employee recognition program to reward good rounding, and use negative feedback to educate staff on improving performance.

Efficiency

It is no secret that staff shortages are a major ongoing issue, as a result of pandemic challenges, demographic shifts, and other broader economic trends, with hospitals alone losing 90,000 workers since March 2020.[4]

Though nurse/patient ratios are higher than ever, hospitals still want to maintain patient experience programs and do rounds. Even without proper staffing, there are ways to maximize efforts by weaving observations into rounding to reduce time required while actually improving data collection. The key is to increase the utility of every round without adding more burden to nurses.

The essential first step is coordinating data needs at the leadership level to avoid nurses managing disparate requests from different leaders. Deliver teams one plan, one set of questions, and a unified set of procedures to maximize the efficiency of each nurse's time in patient rooms.

Second, ensure you have the right tools to address all areas of data collection. Pair the right set of rounds, interviews, and observations with software designed to streamline data collection, service recovery, and insights delivery.

Example

While conducting the nurse shift hand-off in the patient room, observe cleanliness, check the whiteboard, and interview the patient, all while recording data on a tablet with software that streamlines the process and routes follow-ups automatically.

Service recovery

Rounding takes a major investment in employees' time. For each "every patient/ every day" round and a weekly leader round, that averages 2 hours a day of your most critical people's time plus 2 hours a week of your most-senior team members' time. If that process is only about collecting data, it is not worth it. The point is to fix issues while the patient is still in their bed.

Making data collection more efficient and effective is important, but without proper follow-through, those efforts will go to waste. You need effective ways to solve simple problems in the moment and ensure bigger issues are resolved over time. Luckily, there are several easy ways to improve the process for acting on rounding results and ensuring follow-through on positive and negative feedback.

- **Reduce administration**
  Start by automating actions that stem from data collected in rounds. The less administration nurses need to do, the more you can improve team efficiency and boost morale.

- **Look at the full picture**
  In one patient round, you might see that the room is dirty and there was a complaint about cold food, but the patient also said, "the nurse was great." You want to make sure to follow-up on all three items, not just the negatives, by routing action items, escalating concerns, and reinforcing positive behaviors. Then track the results to ensure service is improved and acknowledgment given.

- **Take action in the moment**
  If, for example, you need to improve nurse communication, it is certainly important to think strategically about how you collect data. But you can also improve the perception of communication with the patient in the room right away. Service recovery should start the moment you get the feedback. Software makes it easy, but you still need to do the work.
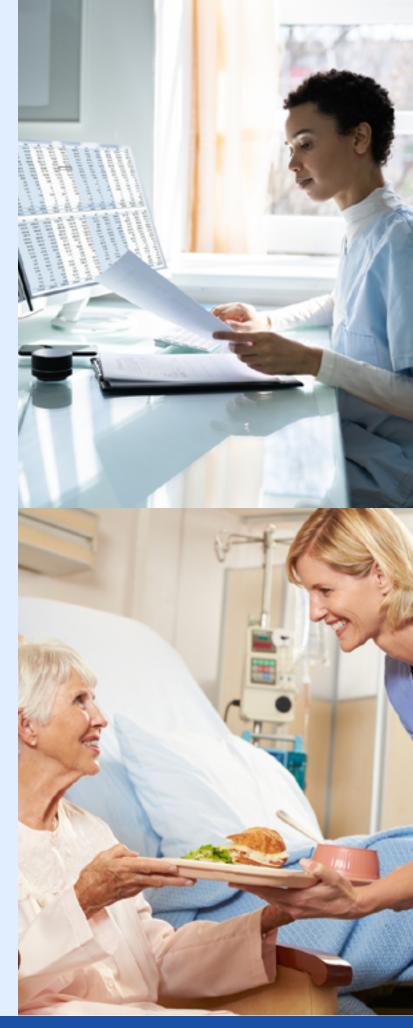
Service recovery in practice

If on a round, a nurse records that a patient's breakfast was cold by the time it arrived, the nurse can reach out right away to bring a fresh tray while giving a family member a meal card as a gesture of good faith.

Then if the nurse records that another patient had to wait too long in testing and missed a meal, perhaps they could bring the patient a complimentary blanket after ensuring food and nutrition sends up a tray right away.

If over time nurses consistently track food service issues, that could spark a longer-term initiative to upgrade ingredients and perhaps seek a new service company. Meanwhile, in the moment, the focus should be on fixing issues with the patient. It is about finding a balance of systematized problem solving while giving nurses autonomy to make personalized fixes.

Finally, if a nurse sees an issue outside of a round, they should be encouraged to report it on demand. The goal is to capture as much data as possible and correct issues before the patient leaves the hospital.

Software essentials

Software is the critical link in automating rounding and service recovery. Check to see what routing and follow-up functionality your rounding software has. Look for features focused on automatically assigning follow-up items, tracking progress, sending reminders, logging completions, and analyzing results. Here are some must-have features for improving rounding and service recovery:

- **Routing specificity**
  Many platforms rely on sending generic emails to generic addresses, which someone will need to see before contacting the right person to make the fix. Instead, look for software that can automatically notify a specific housekeeper on a specific unit without the need for a middleman.

- **Prioritizing**
  If, for example, one room has multiple issues, the software should have the ability to prioritize that room before less urgent issues.

- **Issue tracking**
  Beyond seeing how long it should take to resolve an issue, software should allow issue recipients to acknowledge they receive the issue and indicate reasons for follow-up delays. It should also re-notify if no progress is made, then automatically send it up the chain of command over time if the issue is still not resolved. This can be a major motivator to resolve issues quickly. Further, the software should notify the person who performed the round on issue status so they can keep patients in the loop.

- **On-demand requests**
  Make sure the software does not just capture structured rounds, but also allows for one-off, on-demand issue identification.

- **Follow-up**
  If a patient tells a nurse about an issue and sees no follow-up, that's almost worse than the nurse not asking about it at all. But if the patient sees tangible results, that can be more powerful than having a good experience from the beginning. Software should ensure issues do not go unresolved, through tracking, alerts, and progress reports.

- **Measurement**
  The software should measure issues in each step toward resolution in order to see how long on average they take to resolve overall, by unit, and by department. This allows leaders to correlate resolution speed with experience scores and see where problems take the longest to resolve. Ideally, this should all be automated in the software.

Understand the data, improve the outcome

With improved data collection comes the ability to conduct deeper and more accurate analyses at the department, hospital, and system levels, allowing organizations to dramatically improve patient experience and safety. At a larger scale, organizational leaders will be able to better understand their needs, create measurable goals, and develop data-backed strategies for achieving them. Then over time, they can track progress, highlight trends, estimate year-end performance, and deploy and adjust tactical plans more effectively.

Here are some of the common questions to ask in developing a coherent strategic approach to collecting and leveraging data:

- **System and hospital**
  Which key indicators are we working toward and what goals are we trying to achieve?

- **Unit**
  What units need more attention and why? Is it cleanliness? Education? A need for renovations? What trends are we seeing?

- **Staff**
  Which nurses are performing well and which are not? How might we reward those performing well and support those who are not?

The next step

Foresight allows for improvement. By properly automating rounding and tracking follow-up, healthcare leaders can gain the foresight to predict outcomes. If 6 months out, year-end results look underwhelming, leaders will have a better handle on what needs to change. And where performance looks strong, they can see what is contributing to that in order to duplicate the success across other units and hospitals.

Beyond the basics
Achieving exceptional outcomes

Ultimately, to deliver industry-leading patient experience and safety, hospitals need a more robust approach to data collection and analysis. This starts with automating rounding and issue resolution, benchmarking goals, and tracking progress. But it does not end there. ***Forward-thinking hospitals will look to predicting future outcomes, uncovering deeper insights, building improvement plans, and gathering new data as part of an ongoing data-driven management practice.***

Sentact offers hospitals a much deeper, more holistic view of the patient experience to dramatically improve outcomes and staff efficiency. Our powerful and comprehensive yet easy-to-use software solutions help teams predict future outcomes, uncover deeper insights, build improvement plans, and gather new data for an unprecedented level of foresight into the future of their organizations.

For more information on how Sentact can transform the way you deliver care, please reach out to us at: **add email address**

Or book a demo at: **https://sentact.com/#contact**

Endnotes

[1] Wolf, J. The State of Patient Experience 2021, The Beryl Institute; 2021.

[2] Wolf, J. The State of Patient Experience 2021, The Beryl Institute; 2021.

[3] Ryan, L. Intentional rounding – An integrative literature review, Journal of Advanced Nursing, 2018.

[4] Muoio, D. 2022 forecast: 5 trends that will make or break healthcare's labor shortages, Fierce Healthcare, December 21, 2021.